ASTHO
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS
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Office of the Secretary
Federal Communications Commission
Room 222
1919 M Street NW
Washington, D.C. 20554

Dear Sir/Madam:

On behalf of the Association of State and Territorial Health Officials (ASTHO), which represents the chief health official in each state and U.S. territory, I am writing in response to CC Docket No. 96-45. State health officials are keenly interested in the Commission's decision regarding the subsidization of rural telecommunication rates in order to assure adequate health services are available to *all* citizens.

We anticipate that you will receive comments from state health agencies that contain the data you requested, as well as specific recommendations of the types of services that should be eligible for the subsidized rural rate. Therefore, we will not duplicate their comments here. Rather, we would like to speak on behalf of all state health agencies to the policy issues your request for comments elicits.

State health agencies wish to assert two recommendations in the strongest possible terms: first, the term "health care" should be interpreted in the broadest possible sense, to include non-clinical, population-based public health services as well as "sickness" care. Second, public health activities being conducted in rural areas are as essential to the health of the entire population as those occurring in urban or suburban settings.

The stated mission of public health is to promote physical and mental health, while preventing disease, injury and disability. The U.S. Department of Health and Human Services' report, *For a Healthy Nation: Returns on Investment in Public Health*, documents the success of the public health approach:

> *Since the turn of the century, the life expectancy of Americans has increased from 45 to 75 years. A recent report suggests that only five of these 30 additional years can be attributed to the work of the medical care system. (Bunker et al., 1994). The majority of the gain has been achieved through improvements in our external environment - encompassing better nutrition, housing, sanitation, and occupational safety. Even now, medical care is but an indirect route to reducing morbidity and mortality from the most important causes of illness. An estimated 50% of premature deaths are associated with choices people make - for example, the abuse of tobacco and other toxic substances, unhealthy diets, and sedentary lifestyles (PHS, 1980).*[1]

While subsidizing rural health telecommunications may cost a small amount in the short run, the potential returns on investment are staggering, both in financial savings and in the amount of suffering prevented. For example, the widespread use of safety belts saved 14,000 lives in one year - 1989 - alone. With regard to the AIDS epidemic, it has been estimated that if public health actions had been delayed by one year, another 690,000 cases of HIV would have occurred, with a resulting $39.4 billion in associated medical costs. [2]

These are only two of the many examples demonstrating the cost-effectiveness of the population-based approach to health care. Public health is the *absence* of sickness. Yet it has been proven time and again: if the public health system is not functioning at peak efficiency, the results will be seen in an increased burden of sickness and premature death.

Further, the public health system works hand-in-glove with the medical community. In many cases, state and local public health agencies link citizens to providers through transportation, translation, and outreach services. Clearly, any definition of "health care" would be incomplete without the inclusion of public health services, which do so much to prevent sickness.

State health officials also believe strongly that the transmission of public health data to and from rural sources must be facilitated in every way possible, and ASTHO respectfully requests that the FCC approve the preliminary findings in favor of subsidized rural health telecommunications. A core responsibility of the public health system is that of measuring health status and communicating such information to appropriate local, state and federal entities. This is especially critical during a possible disease outbreak, when the communication of accurate and timely data is absolutely essential to assessing and controlling the situation before an epidemic results. If an outbreak occurs in a rural area, *all* citizens are potentially at risk. Surely, we would not intentionally endanger the health of our population simply because outdated information systems prevented communication about the nature of the outbreak to be communicated in a sufficiently timely or accurate manner.

The collection and dissemination of public health data, through electronic means, is equally important in times other than crisis, however. Assessing the population's health status is not a new activity for public health; state public health agencies continue to hold the basic responsibility for recording births, deaths, and reporting communicable diseases. In the future, however, public health will be expected to carry out this health status assessment function with greater sophistication and in greater detail. In an environment where purchasers of health care are playing a larger role in purchasing decisions for their clients, the public health community is being relied upon to provide baseline information about health status. Conversely, consumers are requesting information from state health agencies to assist them in choosing their health care services and plans, and in identifying those health risks that will have the greatest impact on their lives. Finally, public policy makers are requesting more information than ever on the quality of care provided to all populations, particularly those populations covered by publicly funded health care programs such as Medicaid. As a result, states are struggling to meet these new demands. Furthermore, the cost of technology is often out of the range of small, rural health departments. Assistance in this area would provide much-needed relief, enabling state health agencies to perform the essential activities outlined above.

In summary, state health officials believe strongly that every effort should be made to ensure the public health infrastructure functions well in every part of the country. As national investments in public health continue to decline, states are less able to maintain the activities that are vital to *all* our health. Therefore, we respectfully request the FCC issue a ruling that (1) public health is an essential component of "health care" and (2) that rural health providers should be offered telecommunications rates equal to those offered urban providers. Such a decision would enhance states' abilities to continue their traditional responsibilities as the first line in epidemic defense, and enable the public health community to undertake many of the new roles demanded by an evolving health care delivery system, roles that cannot be filled by any other entity.

Thank you very much for the opportunity to comment. We would be happy to answer any questions or provide further information that you deem necessary; in that eventuality, please contact Donna Crane, ASTHO's Associate Director for Government Relations, at 202/546-5400.

We look forward to a decision by the FCC that reflects state health agencies' responsibilities and needs.

Sincerely,

Cheryl Beversd-

Cheryl A. Beversdorf, RN, MHS, CAE
Executive Vice President

1.U.S. Department of Health and Human Services, 1994, p. 3.

2. Ibid.